

ALL CREATURES VETERINARY HOSPITAL-BOARDING AGREEMENT

DATE OF DROP OFF _____ am () pm () DATE OF PICK UP _____ am () pm ()

OWNER NAME: _____

PET(S) BOARDING:

Name _____ species _____

Emergency Contact Information:
Name(s) / Phone #(s)

Name _____ species _____

Name

species _____

FOR YOUR PETS HEALTH

To insure the protection of all pets under our care, all vaccines must be current. Bordetella, a specific kennel cough vaccine is also mandatory for all dogs. Your pet must be free of internal and external parasites. If not, treatment will be done at owner's expense.

Vaccine Requirements: DOGS: DA2P/CPV (distemper)/ Rabies / Bordetella IN
CATS: RCP (distemper) / Rabies

Please check one:

I GIVE MY PERMISSION FOR THIS HOSPITAL TO UPDATE MY PET(S) VACCINATIONS IN ACCORDANCE WITH THE ABOVE POLICY.

I HAVE PROVIDED AN UP-TO-DATE VACCINATION CERTIFICATE FOR MY PET.

MEDICAL ILLNESS POLICY: One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If one of your pets becomes ill, we will call the emergency number(s) listed above regarding treatment options, and estimate of additional costs. If no one can be reached, however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition:

Please perform whatever services that are deemed necessary for the best care of my pet until someone can be reached. This includes only non-elective treatments and any necessary diagnostics.

I authorize up to (check one): () \$100.00 () \$250.00 () other \$ _____ in medical care for my pet until someone can be reached.

Do not administer any medical treatment until specific authorization is given.

ACCOMODATIONS: Accommodations include lodging in our specially designed kennel suited to the size of your pet, feeding twice daily with Iams, Science Diet or Eukanuba products (or if you prefer, owner-provided food). Fresh water will naturally be available at all times. Your pet's quarters are cleaned and sanitized at least twice daily. Exercise will be provided individually, twice daily (unless otherwise specified) in our pet friendly playroom. This area is sanitized after each pet's use.

Daily medications (if necessary) are administered as ordered for an additional fee. Please list medications and their dosages:

You may request other special services (at additional cost per service) for your pet while it is in our care. Please notify a hospital staff member so that these items can be added to your Estimate form.

ADDITIONAL

SERVICES

AND/OR

INSTRUCTIONS:

Toys & Personal Belongings: We provide clean bedding and blankets for your pets comfort. Any toys or other personal items may get lost during the visit and may not get returned.

I have read the boarding requirements and understand the hospital's policies.

Signature: _____

Date: _____